



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

15 December 2017

**DEPARTMENT MEMORANDUM**

No. 2017 - 0490

**TO :** DOH - ARMM SECRETARY, ALL DIRECTORS OF DOH REGIONAL OFFICES, CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND OTHER CONCERNED

**SUBJECT :** Submission of 2017 List of Procured / Consigned Medicines and Purchase / Consigned Orders

The Department of Health is currently implementing the Drug Price Reference Index (DPRI) as the ceiling price for procurement of essential medicines in all government hospitals and agencies. The DPRI aims to improve the efficiency in government procurement by minimizing the observed wide variations of medicine prices across public health facilities.

In line with this, the DOH-Pharmaceutical Division is now starting the data collection of the 2017 medicine procurement including consignment. In this regard, may we request your facility to submit the copy of your 2017 Purchase Order (PO) / Consignment Order (CO) and list of procured and consigned medicines. The PO and summary should contain the following information:

- |   |                                       |
|---|---------------------------------------|
| a. Generic Name of Medicine   | e. Total Cost                         |
| b. Brand Name   | f. Quantity                           |
| c. Complete Dosage Strength and Form<br>(e.g. Ranitidine 25 mg/mL, 2 mL Ampule) | g. Mode of Procurement                |
| d. Acquisition Cost per unit (as reflected in the PO/CO)                        | h. Supplier                           |
|   | i. Manufacturer                       |
|   | j. Delivery status (For summary only) |

Attached herewith is the sample PO and matrix for your reference. The matrix should be sorted in alphabetical manner to facilitate the validation process.


Kindly submit your procurement data not later than **January 31, 2018**. Please send the copy of the document through any of the following:

- Hard Copy / Courier: Pharmaceutical Division, 4<sup>th</sup> floor, Philippine Blood Disease and Transfusion Center, Lung Center Compound, Quezon Avenue, Quezon City
- Soft Copy / Email: [dohdpr@gmail.com](mailto:dohdpr@gmail.com).

Should you have any concerns or inquiries, you may contact Mr. Lester Custodio or Mr. Achilles Aragona at (02) 875-7734 or 875-7264 local 252/253 or at the abovementioned email.

For strict compliance.

By Authority of the Secretary of Health:

  
**ENRIQUE A. TAYAG, MD, PHSAE, FPSMID, CESO III**  
OIC - Assistant Secretary of Health  
Office for Policy and Health Systems

sample

**W. CONTRACT/PURCHASE ORDER**



Republic of the Philippines  
Department of Health  
OFFICE OF THE SECRETARY

**PURCHASE ORDER**

Procurement of Various Pharmaceuticals, Ointment/Cream and Solutions  
IS No. 2010-5-24(19)

Supplier: Company F		PO No. : 2010-9-208			
Address: Company Address		Date: *			
Telephone No.:		Mode of Procurement:			
TIN:					
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:					
Place of Delivery		: DOH Warehouse, Material Management Division, Bldg., 25, San Lazaro Cmpd., Sta. Cruz, Manila			
Date of Delivery		: Thirty (30) calendar days upon receipt of Notice to Proceed			
		Delivery Term : Payment Term :			
Item No.	Unit of Issue	ITEM DESCRIPTION	QTY	UNIT COST	AMOUNT
1	bottle	<p><b>Ascorbic Acid Oral</b> Name of manufacturer: Company F1 Country of origin: Philippines Brand: Generic Strength: 100mg/5ml Dosage form: Syrup 60ml bottle</p> <p>Upon delivery the following shall be completed:</p> <ul style="list-style-type: none"> <li>Shelf life: Drugs must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than sixteen (16) months from the date of delivery.</li> <li>Packaging Instructions: 60ml bottle, individually boxed, 144 bottles per corrugated carton.</li> <li>Labeling Instructions: For each box, bottle and corrugated carton file</li> </ul>	3,600	14.40	51,840.00



	<p>Brand: Generic Strength: 500mg (as hydrochloride) Dosage form: tablet/film coated tablet</p> <p>Upon delivery the following shall be complied:</p> <ul style="list-style-type: none"> <li>• Shelf life: drugs must be fresh commercial stock with a total shelf life of twenty four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery.</li> <li>• Packaging Instructions: 10 tablets in blister pack / foil strip, 100 tablets per box.</li> <li>• Labeling Instructions: For each box, blister pack or foil strip and corrugated carton the following should legibly imprint: "Philippine Government Property- Department of Health-Not for Sale" Date of manufacture: _____ Date of expiry: _____</li> </ul> <p>x-x-x-x-x-x-x-x-x-x For the use of HEMS</p> <p>Note: Subject to the conditions stated in the Bidding Documents.</p>			
Five Hundred Thirty One Thousand Four Hundred Thirty Two Pesos Only				Php 531,432.00
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for every day of delay shall be imposed.				
<p>HOPE/DULY AUTHORIZED REPRESENTATIVE</p> <p>CONFORME:</p> <p>Signature over printed name of Supplier</p> <p>Date</p>				
Funds Available:	ALOBS No. : _____ Amount : _____			

Name of Hospital								
2017 List of Procured and Consigned Medicines								
<i>*Please fill in the required information</i>								
Generic Name of Medicine (with Dosage Form and Strength) *	Brand Name*	Quantity*	Acquisition Cost per Unit*	Total Cost*	Supplier*	Manufacturer*	Mode of Procurement*	Delivery Status (Completed / Undelivered / Partial)
Amoxicillin 500 mg Capsule	Himox	100	12.00	1,200.00	Zuellig Pharma Inc.	GlaxoSmithKline	Bidding	Completed
Sevoflurane 250 mL Bottle	Sevo	20	6,000.00	120,000.00	Philpharmawealth	AstraZeneca	Bidding	Undelivered

This is to confirm that all procurement and consignment data submitted are reflected in this summary.

Prepared By:  
 \_\_\_\_\_  
**Name and Designation**

Approved By:  
 \_\_\_\_\_  
**Name and Designation**